

## REGISTRATION FORM

Title: Fathe	er's name:		Nationality:
Title: Mother's name:		Nationality:	
Name of child:			Nationality:
Gender:	Date of birth: /	/ (Office use only	y): Child's SHS registration no.
Address (inc. postcode	):		
Home Tel:			
Father Mobile:		Father Work Tel:	
Mother Mobile:		Mother Work Tel:	
Email address: <b>Father</b>			
Email address: Mother			
Proposed date of entry to Sherborne House School:			
Previous School:			
Does Sherborne House have your permission to contact any previous nursery or school your child has attended in order to obtain records? YES \( \) NO \( \)			
Does your child have any special needs, (learning, emotional including ELSA, behavioural, medical or physical) which require in-class and/or specialist support? YES \(\circ\) NO \(\circ\) If yes please explain overleaf.			
Has your child received any such support in a previous nursery or school setting? YES \(\circ\) NO \(\circ\) If yes please explain overleaf.			
made payable to Sherb		des £50.00 as a non-refu	as shown in the current Schedule of Fees undable registration fee and £100.00
	ew and where appropriate a sa		sited the school for an informal In the current school has been received
			osit. This, less an administration charge, ffer a place. Otherwise it is not refunded.
	not, we strictly enforce the cor		in writing on or before the first day of the ees in lieu of notice will be payable when
Signature of Parent / Pa	arents		Date / /

You may prefer to make the £150 payment via BACS. Our account details are as follows:

Sort code: 205757 Account number: 90273376 | Please use your surname as the reference when making the payment.